

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017030

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 60

FILED MAY 14 1963

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) 308 E. North		d. STREET ADDRESS (If outside, give location) 308 E. North	

3. NAME OF DECEASED (Type or print) Herbert Joseph Smith			4. DATE OF DEATH May 6, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 13, 1913	9. AGE (last birthday) 50	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor
11. BIRTHPLACE (City and state or country) Perry County, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME August Smith		13b. MOTHER'S M maiden NAME Louisa Cissell		14. NAME OF HUSBAND OR WIFE Estelle Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. [REDACTED]		
17. INFORMANT Mrs. Estelle Smith, Perryville, Mo.			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation DUE TO (b) Strangling by neck DUE TO (c) [REDACTED]		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suspended by chain from tree	
20c. TIME OF INJURY 5-6-63		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Perryville		20f. COUNTY Perry	
20g. STATE Mo.		20h. DATE SIGNED 5/7/63	
21. I attended the deceased from _____ to _____ and last saw him alive on _____		22. SIGNATURE (Degree or title) Coroner	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 8, 1963	
23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		23d. LOCATION (City, town, or county) St. Marys, Mo., R.F.D.	
24. ADDRESS Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 5-8-63	
26. REGISTRAR'S SIGNATURE Joe J. Zollner		27. ADDRESS [REDACTED]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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